

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
FAX (605)773-4550

APPLICATION FOR CERTIFICATE OF WITHDRAWAL NONPROFIT

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation hereby applies for a Certificate of Withdrawal from South Dakota, and for that purpose submits the following statement:

1. The name and address of the corporation is _____

2. It is incorporated under the laws of the state of _____
3. That this corporation is not doing or engaging in any business in this state, and hereby surrenders its authority to transact business in South Dakota.
4. It revokes the authority of its registered agent in your State to accept service of process, and consents that service of process in any action, suit or proceeding based upon any cause of action arising in your State during the time the corporation was authorized to transact business in your State may thereafter be made on the corporation by service thereof on the Secretary of State of your State.
5. The post-office address to which the Secretary of State may mail a copy of any process against the corporation that may be served on him is _____

To be signed in the presence of a notary public by either the chairman of the board of directors, or by the president or any other officer.

Dated _____

(Signature)

STATE OF _____

(Title)

COUNTY OF _____

I, _____, a notary public, do hereby certify that on this ____ day of _____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires

(Notary Public)

Filing Fee: \$5

nonprofitapplicationwithdrawal July 2005
*** * * An Original and one exact or conformed copy must be submitted. * * ***